

KENTUCKY STATE BOARD OF HAIRDRESSERS AND COSMETOLOGISTS

Steven L. Beshear Governor 111 St. James Court Suite A Frankfort, Kentucky 40601 Phone (502) 564-4262 Fax (502) 564-0481 www.kbhc.ky.gov Charles K. Lykins Administrator

Out of State Student Application for Kentucky Cosmetology School

Date Received	Permit Is	sued	Date is	sued	
The enrollment applice mailed to the off cosmetology. No applicate accompany all applicate be attached to the	ice within ten (1 ication will recei ited application i ations. Proof of I application. A c	0) day after ve credit for in the office. Iwo (2) years certification fi	the student's omore than ter A fee of \$15. s high school	enrollment in the i (10) days time li 00 check or mon- education or its e Board in which th	school of a school prior to by order must quivalent must
Full Name of Applicant	l not		Eirot	Middle	or Malden
(Use no initials)	Last	·	Liist	Wilder	o or maigon
Address: Street			City	State	Zip Code
Date of Birth:	Sex: Male	_ Female	Social Secu	rity Number	*
Have you been convicte understand that althoug in Kentucky, you may n	the Kentucky	State Board	of Hairdresse	ers will certify the	of a felony, do you hours you receive
Enrollment Date:	Cos	metology Sc	hool:		
School Address: Course: Cosmetology_ Number of hours obtain -lours needed to meet l Current License numbe	Manicuring ed in another st Centucky Reguli	y Esthe ate: _ rements:	etics State hou	rs obtained	
Signature of Applicant:_		~ <u>-</u>		Date	
Signature of School Rep	,				

Revised 8/2006

